

**CLAIMS ONLY**

Application Number      Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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43		/				
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45	/					
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47		/				
48		/				
49		/				
50		/				
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52		/				
53		/				
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58		/				
59		/				
60		/				
61		/				
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63		/				
64	-	/				
65		/				
66		/				
67		/				
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98		/				
99		/				
100		/				
Total Indep						
Total Depend						
Total Claims						